



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9523

<b>SERIAL NUMBER</b> 10/799,174	<b>FILING OR 371(c) DATE</b> 03/12/2004 <b>RULE</b>	<b>CLASS</b> 340	<b>GROUP ART UNIT</b> 2612	<b>ATTORNEY DOCKET NO.</b> 06_SAF_27
------------------------------------	---	---------------------	-------------------------------	---

**APPLICANTS**  
 Diana L. Lane, Mosinee, WI;  
 Fred P. Lane, Mosinee, WI;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/455,059 03/14/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 05/28/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 7
--	--	-------------------------------	----------------------------	---------------------------	--------------------------------

**ADDRESS**  
52944

**TITLE**  
Method and apparatus for identifying a missing individual

<b>FILING FEE RECEIVED</b> 591	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---